

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and 'Privacy
Statement On Reverse Side

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CLAIMANT'S NAME Claudia Cappio		SSN or EMPLOYEE NUMBER*		DEPARTMENT CalHFA	
POSITION Executive Director		CB/ID No. EX		DIVISION or BUREAU Executive Office	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 500 Capitol Mall, Suite 1400		INDEX NUMBER 1000	
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]	
CITY [REDACTED]		STATE CA		ZIP CODE 95814	

(1) NORMAL WORK HOURS

8:00 to 17:00

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

0.555

(4) MONTH/YEAR Aug 11		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
8/16	7:30	Oakland to San Diego											
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	29.50		0.00	0.00	0.00	25.00
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL

25.00 ~~29.50~~

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Attend and participate in the California Housing Consortium (CHC) Board of Directors meeting in San Diego (claimant is board member)

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

0749963
8/31/11

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

8/25/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

8/26/11

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE